

Inventory Data:

Structure Name	<input type="text" value="Old Mill Road Bridge"/>		
Main Hwy/Road	<input type="text"/>	On <input type="checkbox"/> Under <input type="checkbox"/>	Crossing Type: Navig. Water <input type="checkbox"/> Non-Navig. Water <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> Ped. <input type="checkbox"/> Other <input type="checkbox"/>
Hwy/Road Name	<input type="text" value="Old Mill Road"/>		
Structure Location	<input type="text" value="0.2 km east of Park Drive"/>		
Latitude	<input type="text"/>	Longitude	<input type="text"/>
Owner(s)	<input type="text" value="City of Kitchener"/>	Heritage Designation:	Not Cons. <input checked="" type="checkbox"/> Cons./not App. <input type="checkbox"/> List/not Desig. <input type="checkbox"/> Desig./not List <input type="checkbox"/> Desig. and List <input type="checkbox"/>
MTO Region	<input type="text" value="Waterloo"/>	Road Class:	Freeway <input type="checkbox"/> Arterial <input type="checkbox"/> Collector <input type="checkbox"/> Local <input checked="" type="checkbox"/>
MTO District	<input type="text"/>	Posted Speed	<input type="text" value="50"/> No. of Lanes <input type="text" value="2"/>
Old County	<input type="text"/>	AADT	<input type="text"/> % Trucks <input type="text"/>
Geographic Twp.	<input type="text"/>	Inspection Route Sequence	<input type="text"/>
Structure Type	<input type="text" value="Concrete Deck on Precast Girders"/>	Interchange Number	<input type="text"/>
Total Deck Length	<input type="text" value="41"/> (m)	Interchange Structure Number	<input type="text"/>
Overall Str. Width	<input type="text" value="12.9"/> (m)	Min. Vertical Clearance	<input type="text"/> (m)
Total Deck Area	<input type="text" value="529"/> (sq.m)	Special Routes:	Transit <input type="checkbox"/> Truck <input type="checkbox"/> School <input type="checkbox"/> Bicycle <input type="checkbox"/>
Roadway Width	<input type="text" value="9.1"/> (m)	Detour Length	<input type="text"/> (km)
Skew Angle	<input type="text" value="0"/> (Degrees)	Direction of Structure	<input type="text" value="East-West"/>
No. of Spans	<input type="text" value="3"/>	Fill on Structure	<input type="text"/> (m)
Span Lengths	<input type="text" value="11.5, 17.6, 11.5"/> (m)		

Historical Data:

Year Built	<input type="text" value="1980"/>	Year of Last Major Rehab.	<input type="text"/>
Last OSIM Inspection	<input type="text" value="2008"/>	Last Evaluation	<input type="text"/>
Last Enhanced OSIM Inspection	<input type="text"/>	Current Load Limit	<input type="text"/> (tonnes)
Enhanced Access Equipment (ladder, boat, lift, etc.)	<input type="text"/>	Load Limit By-Law#	<input type="text"/>
Last Underwater Inspection	<input type="text"/>	By-Law Expiry Date	<input type="text"/>
Last Condition Survey	<input type="text"/>		

Rehab History: (Date/description)

Element Data

Element Group:	Abutments				Length:		
Element Name:	Abutment Walls				Width:	12	
Location:					Height:	1	
Material:	Concrete				Count:	2	
Element Type:					Total Quantity:	24	
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies	
Condition Data:	Units	Exc.	Good	Fair	Poor*		
	m.sq		24				0 (e.g., 01)
	For "all" use checkboxes -->						
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:							
Recommended Work:		<input type="checkbox"/> Rehab	<input type="checkbox"/> Replace	Maintenance Needs:			0 (e.g., 01)
		<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year	
Element Group: Abutments							
Element Name: Ballast Walls							
Location:							
Material: Cast-in-place concrete							
Element Type:							
Environment: Moderate							
Protection System:							
Condition Data:							
For "all" use checkboxes -->							
Comments: Ballast walls are wet stained from leaking expansion joints							
Recommended Work:							
Maintenance Needs:							
Element Group: Abutments							
Element Name: Bearings							
Location:							
Material: Elastomeric							
Element Type:							
Environment: Moderate							
Protection System:							
Condition Data:							
For "all" use checkboxes -->							
Comments: Medium horizontal cracking							
Recommended Work:							
Maintenance Needs:							
Repalce abutment bearings at next major rehabilitation							

Element Data

Element Group:	Abutments				Length:	6	
Element Name:	Wing Walls				Width:		
Location:					Height:	1.5	
Material:	Concrete				Count:	4	
Element Type:					Total Quantity:	36	
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies	
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m.sq		36				
For "all" use checkboxes -->							
Comments:							
Recommended Work:				<input type="checkbox"/> Rehab		<input type="checkbox"/> Replace	
				<input type="checkbox"/> 1-5 years		<input type="checkbox"/> 6-10 years	
				Maintenance Needs:		0 (e.g., 01)	
				<input type="checkbox"/> Urgent		<input type="checkbox"/> 1 year	
						<input type="checkbox"/> 2 year	
Element Group:	Approaches				Length:	6	
Element Name:	Wearing Surface				Width:	9.1	
Location:					Height:		
Material:	Asphalt				Count:	2	
Element Type:					Total Quantity:	109	
Environment:	Severe				Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies	
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m.sq			109			
For "all" use checkboxes -->							
Comments: Medium map cracking							
Recommended Work:				<input type="checkbox"/> Rehab		<input checked="" type="checkbox"/> Replace	
				<input type="checkbox"/> 1-5 years		<input checked="" type="checkbox"/> 6-10 years	
				Maintenance Needs:		0 (e.g., 01)	
				<input type="checkbox"/> Urgent		<input type="checkbox"/> 1 year	
						<input type="checkbox"/> 2 year	
Element Group:	Barriers				Length:	40	
Element Name:	Hand Railings				Width:		
Location:					Height:		
Material:	Steel				Count:	2	
Element Type:					Total Quantity:	80	
Environment:	Severe				Limited Inspection	<input type="checkbox"/>	
Protection System:	Galvanized					Performance Deficiencies	
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m		80				
For "all" use checkboxes -->							
Comments:							
Recommended Work:				<input type="checkbox"/> Rehab		<input type="checkbox"/> Replace	
				<input type="checkbox"/> 1-5 years		<input type="checkbox"/> 6-10 years	
				Maintenance Needs:		0 (e.g., 01)	
				<input type="checkbox"/> Urgent		<input type="checkbox"/> 1 year	
						<input type="checkbox"/> 2 year	

Element Data

Element Group:	Barriers				Length:	53		
Element Name:	Parapet Walls				Width:			
Location:	Exterior				Height:	0.9		
Material:	Concrete				Count:	2		
Element Type:					Total Quantity:	95.4		
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>		
Protection System:						Performance Deficiencies		
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)		
	m.sq		95.4					
For "all" use checkboxes -->								
Comments:								
Recommended Work:		<input type="checkbox"/> Rehab	<input checked="" type="checkbox"/> Replace	Maintenance Needs:				(e.g., 01)
		<input type="checkbox"/> 1-5 years	<input checked="" type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year		

Element Group:	Barriers				Length:	53		
Element Name:	Parapet Walls				Width:			
Location:	Interior				Height:	0.9		
Material:	Concrete				Count:	2		
Element Type:					Total Quantity:	95.4		
Environment:	Severe				Limited Inspection	<input type="checkbox"/>		
Protection System:						Performance Deficiencies		
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)		
	m.sq		65.4	15	15			
For "all" use checkboxes -->								
Comments: Light cracks and rust staining Delaminations noted and small spalls								
Recommended Work:		<input type="checkbox"/> Rehab	<input checked="" type="checkbox"/> Replace	Maintenance Needs:				(e.g., 01)
		<input type="checkbox"/> 1-5 years	<input checked="" type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year		

Element Group:	Beams/MLEs				Length:	1.7		
Element Name:	Diaphragms				Width:	0.6		
Location:	End				Height:	1.0		
Material:	Concrete				Count:	20		
Element Type:					Total Quantity:	88		
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>		
Protection System:						Performance Deficiencies		
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)		
	m.sq		88					
For "all" use checkboxes -->								
Comments:								
Recommended Work:		<input type="checkbox"/> Rehab	<input type="checkbox"/> Replace	Maintenance Needs:				0 (e.g., 01)
		<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year		

Element Data

Element Group:	Beams/MLEs				Length:	36.6	
Element Name:	Girders				Width:	0.5	
Location:	Middle				Height:	0.9	
Material:	Pre-cast concrete				Count:	6	
Element Type:					Total Quantity:	593	
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>	
Protection System:							Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m.sq		581	6	6		
For "all" use checkboxes -->		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments: Medium spalling with exposed reinforcing on 6th girder from north west span							
Recommended Work:		<input checked="" type="checkbox"/> Rehab	<input type="checkbox"/> Replace	Maintenance Needs:		0 (e.g., 01)	
		<input type="checkbox"/> 1-5 years	<input checked="" type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year	

Element Group:	Beams/MLEs				Length:	2	
Element Name:	Girders				Width:	0.5	
Location:	End				Height:	0.9	
Material:	Pre-cast concrete				Count:	12	
Element Type:					Total Quantity:	65	
Environment:	Severe				Limited Inspection	<input type="checkbox"/>	
Protection System:							Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m.sq		55	5	5		
For "all" use checkboxes -->		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments: Severe delamination of girder ends, east span, girders 1, 2, 3 and 6 from north and west span, girders 1, 5 and 6 from north							
Recommended Work:		<input checked="" type="checkbox"/> Rehab	<input type="checkbox"/> Replace	Maintenance Needs:		0 (e.g., 01)	
		<input type="checkbox"/> 1-5 years	<input checked="" type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year	

Element Group:	Decks				Length:	41	
Element Name:	Deck Top				Width:	12	
Location:					Height:		
Material:	Concrete				Count:		
Element Type:					Total Quantity:	498	
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>	
Protection System:	Bituminous						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m.sq		498				
For "all" use checkboxes -->		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:							
Recommended Work:		<input type="checkbox"/> Rehab	<input type="checkbox"/> Replace	Maintenance Needs:		0 (e.g., 01)	
		<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year	

Element Data

Element Group:		Decks			Length:		
Element Name:		Drainage System			Width:		
Location:					Height:		
Material:		Steel			Count:		
Element Type:					Total Quantity:		4
Environment:		Severe			Limited Inspection		<input type="checkbox"/>
Protection System:							Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*		
	each		4			0 (e.g., 01)	
For "all" use checkboxes -->							
Comments:							
Recommended Work:				<input type="checkbox"/> Rehab		<input type="checkbox"/> Replace	
				<input type="checkbox"/> 1-5 years		<input type="checkbox"/> 6-10 years	
				Maintenance Needs:		0 (e.g., 01)	
				<input type="checkbox"/> Urgent		<input type="checkbox"/> 1 year	
						<input type="checkbox"/> 2 year	
<hr/>							
Element Group:		Decks			Length:		4
Element Name:		Soffit			Width:		13.5
Location:		End			Height:		
Material:		Concrete			Count:		
Element Type:					Total Quantity:		54
Environment:		Moderate			Limited Inspection		<input type="checkbox"/>
Protection System:							Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*		
	m.sq		52	1	1	0 (e.g., 01)	
For "all" use checkboxes -->							
Comments: Localized spalls and delaminations							
Recommended Work:				<input checked="" type="checkbox"/> Rehab		<input type="checkbox"/> Replace	
				<input type="checkbox"/> 1-5 years		<input checked="" type="checkbox"/> 6-10 years	
				Maintenance Needs:		0 (e.g., 01)	
				<input type="checkbox"/> Urgent		<input type="checkbox"/> 1 year	
						<input type="checkbox"/> 2 year	
<hr/>							
Element Group:		Decks			Length:		37
Element Name:		Soffit			Width:		9.9
Location:		Interior			Height:		
Material:		Concrete			Count:		
Element Type:					Total Quantity:		366
Environment:		Benign			Limited Inspection		<input type="checkbox"/>
Protection System:							Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*		
	m.sq		366			0 (e.g., 01)	
For "all" use checkboxes -->							
Comments:							
Recommended Work:				<input type="checkbox"/> Rehab		<input type="checkbox"/> Replace	
				<input type="checkbox"/> 1-5 years		<input type="checkbox"/> 6-10 years	
				Maintenance Needs:		0 (e.g., 01)	
				<input type="checkbox"/> Urgent		<input type="checkbox"/> 1 year	
						<input type="checkbox"/> 2 year	

Element Data

Element Group:	Decks				Length:	37	
Element Name:	Soffit				Width:	3.6	
Location:	Exterior				Height:		
Material:	Concrete				Count:		
Element Type:					Total Quantity:	133	
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies	
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m.sq		133				
For "all" use checkboxes -->							
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Comments:							
Recommended Work:				<input type="checkbox"/> Rehab <input type="checkbox"/> Replace		Maintenance Needs:	
				<input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years		0 (e.g., 01)	
						<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Decks				Length:	41	
Element Name:	Wearing Surface				Width:	9.1	
Location:					Height:		
Material:	Asphalt				Count:		
Element Type:					Total Quantity:	373	
Environment:	Severe				Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies	
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	m.sq			373			
For "all" use checkboxes -->							
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Comments: Previously sealed medium map cracks							
Recommended Work:				<input type="checkbox"/> Rehab <input type="checkbox"/> Replace		Maintenance Needs:	
				<input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years		0 (e.g., 01)	
						<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Embankments/Streams				Length:		
Element Name:	Embankments				Width:		
Location:					Height:		
Material:					Count:	6	
Element Type:					Total Quantity:	6	
Environment:	Benign				Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies	
Condition Data:	Units	Exc.	Good	Fair	Poor*	0 (e.g., 01)	
	each		6				
For "all" use checkboxes -->							
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Comments:							
Recommended Work:				<input type="checkbox"/> Rehab <input type="checkbox"/> Replace		Maintenance Needs:	
				<input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years		0 (e.g., 01)	
						<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	

Element Data

Element Group:	Embankments/Streams				Length:	
Element Name:	Slope Protection				Width:	
Location:					Height:	
Material:	Organic				Count:	6
Element Type:	Precast Concrete/Organic				Total Quantity:	6
Environment:	Benign				Limited Inspection	<input type="checkbox"/>
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	each		4	2		
	For "all" use checkboxes -->					0 (e.g., 01)
Comments:						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Embankments/Streams				Length:	
Element Name:	Streams and Waterways				Width:	
Location:					Height:	
Material:					Count:	
Element Type:					Total Quantity:	
Environment:	Benign				Limited Inspection	<input type="checkbox"/>
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	all					
	For "all" use checkboxes -->					0 (e.g., 01)
Comments:						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Foundations				Length:	
Element Name:	Foundation				Width:	
Location:					Height:	
Material:					Count:	
Element Type:					Total Quantity:	
Environment:					Limited Inspection	<input checked="" type="checkbox"/>
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	For "all" use checkboxes -->					0 (e.g., 01)
Comments:						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	

Element Data

Element Group:	Joints			Length:	12	
Element Name:	Armouring/Retaining Devices			Width:		
Location:				Height:		
Material:	Steel			Count:	4	
Element Type:				Total Quantity:	48	
Environment:	Severe			Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	m			48		
	For "all" use checkboxes -->		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Joints			Length:	12	
Element Name:	Concrete End Dams			Width:	0.3	
Location:				Height:		
Material:	Concrete			Count:	4	
Element Type:				Total Quantity:	14.4	
Environment:	Severe			Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	m.sq			14.4		
	For "all" use checkboxes -->		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Light scaling of end dams Localized spalled edges that have been routed and sealed						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Joints			Length:	12	
Element Name:	Seals/Sealants			Width:		
Location:				Height:		
Material:	Bituminous			Count:	2	
Element Type:	Elastomeric Strip Seal			Total Quantity:	2	
Environment:	Severe			Limited Inspection	<input type="checkbox"/>	
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	each				2	
	For "all" use checkboxes -->		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:						
Recommended Work:	<input checked="" type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input checked="" type="checkbox"/> 6-10 years		Maintenance Needs:	5 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 year	
Convert to semi-integral abutments				Replace seals		

Element Data

Element Group:	Piers				Length:	
Element Name:	Bearings				Width:	
Location:					Height:	
Material:	Elastomeric				Count:	24
Element Type:					Total Quantity:	24
Environment:	Moderate				Limited Inspection	<input checked="" type="checkbox"/>
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	each		24			
	For "all" use checkboxes -->					0 (e.g., 01)
Comments:						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Piers				Length:	12
Element Name:	Shalfts/Columns/Pile Bents				Width:	0.9
Location:					Height:	4
Material:	Concrete				Count:	2
Element Type:					Total Quantity:	206
Environment:	Moderate				Limited Inspection	<input type="checkbox"/>
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	m.sq		206			
	For "all" use checkboxes -->					0 (e.g., 01)
Comments:						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	
Element Group:	Sidewalks/Curbs				Length:	41
Element Name:	Sidewalks				Width:	1.5
Location:					Height:	0.12
Material:	Concrete				Count:	2
Element Type:					Total Quantity:	132.8
Environment:	Severe				Limited Inspection	<input type="checkbox"/>
Protection System:						Performance Deficiencies
Condition Data:	Units	Exc.	Good	Fair	Poor*	
	m.sq		132.8			
	For "all" use checkboxes -->					0 (e.g., 01)
Comments:						
Recommended Work:	<input type="checkbox"/> Rehab <input type="checkbox"/> 1-5 years		<input type="checkbox"/> Replace <input type="checkbox"/> 6-10 years		Maintenance Needs:	0 (e.g., 01)
					<input type="checkbox"/> Urgent <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year	